

MANCHESTER TOWNSHIP SCHOOLS

ATHLETIC RELEASE FORM

TO: PARENT/GUARDIAN

Realizing that such activity involves the potential for injury which is inherent in all sports, I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

On occasions where it is necessary to transport an injured athlete to the hospital by ambulance, all attempts will be made to have a coach accompany the injured athlete. However, there may be occasions when the athlete travels unescorted in the ambulance to the hospital.

I/we realize that the school does have a supplemental insurance policy that is subject to certain limits. Any medical expenses incurred for such injuries are the responsibility of the parent/guardian

Additionally, I/we give permission to the school's athletic trainer to evaluate and treat an injury when feasible and necessary. Permission is also granted for the information on my child's health history and physical examination to be made accessible to the athletic trainer.

I/we grant permission for the medical staff to consult with the tending physician regarding a medical condition pertaining to your child.

I/we grant permission for the medical staff to share pertinent medical information with the coaching staff.

I/we realize that the parents are responsible for athletic equipment not returned to the school at the conclusion of the season.

If for any reason, a parent takes his/her child to a private physician to evaluate an injury or illness, a release to participate from that doctor must be submitted to the athletic trainer in order for that individual to subsequently play or practice again. Understand, however, unless it is an emergency, it is highly recommended that our athletic trainer first evaluate your child before a private opinion is sought.

I/we acknowledge that I/we have read and understand this document and, upon medical approval from a licensed physician, give permission for my/our child to participate in the below named sport sponsored by the Manchester Township Board of Education.

Sport	Parent/Guardian Signature	Date
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TO PARTICIPANT:

I have never received money for playing with any athletic team. I am an amateur in good standing. As a candidate for an athletic team, I agree to abide faithfully to the standards set by the school and coach. I understand that my participation in athletics may be revoked at such time said standards are not maintained. I promise to return all athletic equipment loaned to me by the school in a timely fashion. I realize that failure to return all athletic equipment will cause me to forfeit awards I would otherwise be eligible for, and will also bar me from future participation in athletics in the Manchester School System.

Athlete's Name	Athlete's Signature	Date
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